

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
Mark Littell	)	GAU: 3743
Ser No. 10/629,043	)	Examiner: Ali Shumaya B
Filed: July 28, 2003	)	
For: GENITAL PROTECTION DEVICE	)	

**AMENDMENT**

Commissioner of Patents  
P.O. Box. 1450  
Alexandria, VA 22313-1450

Sir:

Please find Applicant's timely response and amendment to an Examiner's Office Action pertaining to the subject patent application, which was mailed to the attorney of record on July 1, 2005.

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/629,043	
	Filing Date	7/28/2003	
	First Named Inventor	Mark Little	
	Art Unit	3743	
	Examiner Name	Ali Shumaya B	
Total Number of Pages in This Submission	5	Attorney Docket Number	Little

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Response to 7/1/2005 office Action		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas J. Finn
Signature	<i>Thomas J. Finn</i>
Date	9/30/05

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Typed or printed name	Thomas J. Finn		
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